



**Los Angeles County Commission for Women (LACCW)  
EVENT FUNDING REQUEST FORM**

*All requests for funds should allow LACCW 30 days to make a determination. The requesting Commissioner must provide the following information before consideration of a request*

Name of Commissioner(s)

Los Angeles County District

Yolanda Becerra-Jones

2nd District

Amount Requesting: **\$200.00**Purpose of Usage: ☐ Ticket(s)☒ Donation☐ Other (specify) \_\_\_\_\_

Organization's Name: LA County Department of Community and Senior Services

Address: **3175 W. 6th Street, Los Angeles, CA 90010**

Street

City

Zip

Telephone Number: **213-738-2600**FAX Number: **213-385-3893**Website Address: **http://css.lacounty.gov/**E-mail: **ssoto2@css.lacounty.gov**Contact Person (Name and Position): **Sylvia Soto, Senior Center Specialist**

Event Information – Name, Time and Location:

**Fit to a T Osteoporosis presentation on Tuesday, December 13, 2012 at the East Los Angeles Service Center.**

Event Information – Purpose and Goals: (Event publicity materials may be included (optional))

**Massiel Delagado, SPT, Western University of Health Sciences presented information on what is important to know about bone health. Her presentation included risk factors, warning signs, prevention, and how to discuss bone health with a doctor. Handouts and a Risk Assessment Questionnaire in Spanish and English were distributed.**

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

**The majority of participants are 60 and older, male and female, Latino, low-income, and residents of East Los Angeles.**

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How will your attendance or donation to this event benefit the LACCW?

Donation will be used to purchase lunch tickets to be distributed to those in attendance. Lunch tickets are to be used at the East Los Angeles County Service Center.

Have you participated in this event before representing the LACCW?

No (☒) this is the first time.

Yes (☐) I have attended prior to this one. Year(s): \_\_\_\_\_

Have this organization received donation fund from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

First Occasion: \_\_\_\_\_

Second Occasion: \_\_\_\_\_

*Please send this form to:*

**Los Angeles County Commission for Women  
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012  
PH: 213-974-1455  
FAX: 213-633-5102  
E-mail: rrangel@bos.lacounty.gov**

**For CW Office Only:**

(Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) Place on Agenda	Date Received	Received By	Date of Review	Reviewed By
Reason for not placing on agenda				
Date of CW Board Meeting	(Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) Action Taken	(Yes <input type="checkbox"/> ) (No <input type="checkbox"/> ) Notification Sent	Amount Approved	

Reason for Rejection

Approved 9/13/10